Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 20, 2012	2012_178102_0014	001279-12 AND 002386 -12	Critical Incident System

Licensee/Titulaire de permis

MARYCREST HOME FOR THE AGED
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

Long-Term Care Home/Foyer de soins de longue durée

ST JOSEPH'S AT FLEMING
659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

WENDY BERRY (102)

Inspection Summary/Résumé de l'inspection

Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 05 and 06, 2012.

3 Critical Incidents were reviewed during this inspection: CIR 2935-000027-12 (log 001279-12); 2935-000061-12 and 2935-000062-12 (log 002386-12).

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer, the Environmental Services Manager, the Office Manager/Executive Assistant, a unit Manager, several registered and non registered nursing staff, several residents.

During the course of the inspection, the inspector(s) reviewed information related to 3 critical incidents; reviewed written emergency plans for the home; reviewed the operation of the communication and response system and the integrated door alarm system including documentation related to response times for door alarms; checked to operation of door security systems.

The following Inspection Protocols were used during this inspection:
Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 230. Emergency plans

Specifically failed to comply with the following:

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with,
i. fires,
ii. community disasters,
iii. violent outbursts,
iv. bomb threats,
v. medical emergencies,
vi. chemical spills,
vii. situations involving a missing resident, and
viii. loss of one or more essential services. O. Reg. 79/10, s. 230 (4).

s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:
3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home. O. Reg. 79/10, s. 230 (4).

s. 230. (6) The licensee shall ensure that the emergency plans for the home are evaluated and updated at least annually, including the updating of all emergency contact information. O. Reg. 79/10, s. 230 (6).

s. 230. (7) The licensee shall,
(a) test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies and violent outbursts on an annual basis, including the arrangements with the community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).
(b) test all other emergency plans at least once every three years, including arrangements with community agencies, partner facilities and resources that will be involved in responding to an emergency; O. Reg. 79/10, s. 230 (7).
(c) conduct a planned evacuation at least once every three years; and O. Reg. 79/10, s. 230 (7).
(d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans. O. Reg. 79/10, s. 230 (7).

s. 230. (8) The licensee shall keep current all arrangements with community agencies, partner facilities and resources that will be involved in responding to emergencies. O. Reg. 79/10, s. 230 (8).

Findings/Faits saillants :

1. O.Reg. 79/10, s. 230. (2) requires that emergency plans for the home are in writing.

During an inspection conducted on December 05 and 06, 2012, written emergency plans for the home were reviewed. Binders labelled "Emergency Preparedness Manual Revised and Printed 2009/2010" and "Manager on Call" were identified by staff as the current plans in place.

The emergency plans for the home do not provide for the loss of essential services including the resident staff communication and response system and integrated door alarming system; the door access control and door locking systems. The Code Red fire plan identifies a plan to "monitor the exits at stairwell numbers 6, 7, and 8 to ensure residents do not exit the facility" when magnetic door locks disengage due to a fire alarm.

Critical Incident Report (CIR) # 2935-000061-12 identifies that on November 28, 2012, during generator testing "the mag lock system stopped working resulting in possible elopement of residents". The magnetic door locks were non operational between 9am and 4pm. It was identified on the CIR that "all doors leading out of the facility were monitored by staff to prevent the residents from leaving the facility through fire exits."

CIR # 2935-000062-12 identifies that on November 28, 2012 "Elopement/injury to resident during critical incident of loss of essential services" occurred. The description of the incident states "During the repair of the mag lock it triggered the fire alarm causing the fire doors to shut on the unit. The staff member monitoring the door was on the other side of the fire door other residents were attempting to leave the secure unit and she was redirecting them. The resident managed to get through the fire escape door to the stairwell and proceeded to leave the facility." It was further noted on the CIR that the resident's wheelchair was found in a stairwell in an upright position on a lower level. The resident had sustained injuries that did not require hospitalization.

On November 28, 2012, written emergency plans dealing with the loss of essential services were not in place for staff to follow when the magnetic door locking system failed. The submitted CIR reports identify that staff were monitoring doors; however, a resident was injured during an elopement through an unlocked, accessible stairway door in a secure RHA.

The safety, comfort and well being of residents is at risk as written plans are not in place for staff to follow for the loss of essential services including the loss of safety and security systems. [s. 230. (4) 1.]

2. The emergency plan for the home does not identify resources, supplies and equipment vital for the emergency response to the loss of essential services being set aside and readily available at the home. [s. 230. (4) 3.]

3. It was confirmed with staff that the written emergency plans in place at the home have not been evaluated and updated annually, as required. The emergency plans in the Emergency Preparedness Manual Revised and Printed 2009/2010 are dated January 2010. [s. 230. (6)]

4. Emergency plans for the loss of essential services have not been tested annually. [s. 230. (7)]

5. Arrangements with community agencies, partner facilities and resources involved in responding to emergencies have not been updated. Information contained in the emergency plan binder was dated as signed off in January 2010 by staff of the home, and representatives for police and fire services. Evacuation site arrangements in place were not indicated to be current. [s. 230. (8)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to evaluate and update the emergency plan incorporating consultation with relevant agencies, partners and resources; test the emergency plans as required on an annual and three year basis; and ensure that plan arrangements with community agencies, partner facilities and resources involved in responding to the emergencies are kept current, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. O.Reg. 79/10, s. 9.(1)1.iii. identifies that all resident accessible doors leading to stairways and doors leading to non secure areas outside of the home are to be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, A. is connected to the resident-staff communication and response system. In St Joseph's at Fleming Long Term Care home, the door alarm system is connected to the resident staff communication and response system.

O.Reg. 79/10, s. 17. (1) identifies requirements for the resident staff communication and response system including that the resident-staff communication and response system (a) can be easily seen, accessed and used by residents, staff and visitors at all times; and (f) clearly indicates when activated where the signal is coming from.

Door alarms, when activated on the resident staff communication and response system at the home, display immediately in a coded format on an Austco LED display marquis that is located in the vicinity of the nursing station in the resident home area (RHA). An intermittent tone is also emitted from the marquis when calls are active on the system. The system's audible tone is not set up or calibrated to be audible to staff in the coverage area within each RHA as pagers carried by non registered nursing staff are the primary means to alert staff when calls are active on the system. Alerts that are not cancelled at the point of activation after a set period of time are relayed to a phone carried by the charge nurse in the RHA.

Staff of the home identified that the programming of the communication and response system for door alerts was changed on an unspecified date following the licensing and approval for occupancy of the current home.The programming for the door alerts to the pagers was changed from an immediate alert to the current 6 minute delay in sending the alert to the pagers. There are no audible alarms at the doors that sound when a door has been opened. Staff are not able to quickly identify that a door alarm has been activated on the communication and response system unless in direct view of the marquis display and the posted placard that provides a legend for the codes displayed for the doors or unless directly viewing a colored led light that is on the keypad at each door. Pagers, once activated, emit an audible tone or vibrate and clearly display the location of doors that are in alert. It was also identified during the inspection that the main entrance door to the home does not activate on any staff pagers. It alerts only on the marquis display in the Hilltop RHA.

Response times for cancelling door alarms at the point of activation are monitored by

computer:
-Documentation provided for November 28, 2012 during the time frame that the magnetic door locks were not operational between 9 am and 4 pm, identifies that one resident accessible stairway door in a "secure" RHA for cognitively impaired residents remained active on the system in an alert mode for 42 minutes, and then again for 30 minutes before being cancelled;
-On May 20, 2012, a stairway door within a "secure" RHA remained in alert mode for 13 minutes, then again for 6 minutes. Both alerts were following a fire alarm when magnetic door locks disengaged.

-CIR # 2935-000062-12 identifies that on November 28, 2012 "Elopement/injury to resident during critical incident of loss of essential services" occurred. The description of the incident states "During the repair of the mag lock it triggered the fire alarm causing the fire doors to shut on the unit. The staff member monitoring the door was on the other side of the fire door other residents were attempting to leave the secure unit and she was redirecting them. The resident managed to get through the fire escape door to the stairwell and proceeded to leave the facility." It was further noted on the CIR that the resident's wheelchair was found in a stairwell in an upright position on a lower level. The resident had sustained injuries that did not require hospitalization.

In the above noted CIR, the unlocked stairway door opened by the resident was no longer visible to the staff member who had been assigned to monitor several exit doors, due to corridor separation doors that closed due to a fire alarm. The staff member's pager would not have activated that the stairway door had been opened by the resident due to the 6 minute delay that had been programmed into the system for door alerts. The resident got into the stairway with his wheelchair, which was found at the bottom of the stairs. The injured resident left the building through an exit door out of the stairway.

The door alarm system that is connected to the resident staff communication and response system is currently programmed so that it does not clearly indicate, upon activation, where the signal for doors is coming from; and can not be easily seen and accessed by staff, which is a risk to the safety and well being of residents throughout the home.

Critical Incident Report (CIR) # 2935-000027-12 identifies that on May 20, 2012 the

fire alarm sounded and magnetic door locks released during the alarm. A resident of the secure unit was later found outside of the building, described as an unwitnessed elopement.

Critical Incident Report (CIR) # 2935-000061-12 identifies that on November 28, 2012, during generator testing "the mag lock system stopped working resulting in possible elopement of residents". The magnetic door locks were non operational between 9am and 4pm. It was identified on the CIR that "all doors leading out of the facility were monitored by staff to prevent the residents from leaving the facility through fire exits."

Emergency plans for the home were reviewed at the time of inspection on December 05 and 06, 2012. The emergency plans, including the Code Red fire plan, do not identify a plan for the monitoring of doors throughout the home when the magnetic locking system disengages which is a potential risk to the safety and well being of residents.

Staff not responding to door alarms is a potential risk to the safety and well being of residents, especially those at risk of elopement and falls in stairways. [s. 5.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. O.Reg. 79/10, s. 230. related to emergency plans, requires that the licensee has written emergency plans for the home including plans for dealing with fires. The licensee is also to ensure that emergency plans address specific staff roles and responsibilities.

The home has a written emergency plan that deals with fires identified as "Code Red" Fire Plan. The plan is contained in the "Emergency Preparedness Manual". The plan was reviewed at the time of inspection on December 05 and 06, 2012.

The Fire Plan for the home identifies specific staff roles and responsibilities during fire alarms:
- Code Red Section 7 details the responsibilities of the "Designated RPN Pathway" including "Holidays and Weekends- Direct 3 people to Woodland to monitor stairwells No. 6, 7 and 8 to ensure residents do not exit the facility." The Pathway RPN is also identified as being responsible to reset the magnetic door locking system upon hearing "Code Red all clear paged".
-Code Red Section 9 details responsibilities for nursing staff, which includes "Health care Aids" and the RPN in Woodland. "Upon hearing the fire alarm" "Evacuate residents to beyond nearest fire doors-towards the dining room"; "Each HCA –ensure all your assigned residents are accounted for". "Once all residents are in the dining room, stay with and reassure them" etc.

Critical Incident Report (CIR) # 2935-000027-12 identifies that on May 20, 2012 the fire alarm sounded at 2pm and magnetic door locks released during the alarm. A resident of the secure unit was reported missing at 4pm by "HCA staff". The resident was later found outside of the building. The elopement was described as an unwitnessed elopement.

The CIR identifies that: "Code red policy has been brought to DOC attention to review protocol for weekends and evenings. The RPN for Pathway is responsible for assigning 3 staff members to attend doors in Woodland. This will be reviewed with staff and will be practiced during actual fire drills."

A record titled "Callpoint Detailed Activity Report by Location" related to door alert activations on the resident staff communication and response system, identifies that on May 20 at 2:22 pm, the Woodland stairway door beside E124 was in alert mode for 13 minutes and 41 seconds and the fire exit door beside room E124 also

subsequently activated. The Woodland E stairway door beside room E124 again activated at 3:14 pm and remained in alert mode for over 6 minutes.

The home's Code Red Fire Plan was not complied with on May 20, 2012. A resident of a secure RHA eloped and was found unharmed outside of the home. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff follow the policies and procedures that are set out in the Code Red Fire Plan, to be implemented voluntarily.

Issued on this 20th day of December, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	WENDY BERRY (102)
Inspection No. / No de l'inspection :	2012_178102_0014
Log No. / Registre no:	001279-12 AND 002386-12
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Dec 20, 2012
Licensee / Titulaire de permis :	MARYCREST HOME FOR THE AGED 659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8
LTC Home / Foyer de SLD :	ST JOSEPH'S AT FLEMING 659 Brealey Drive, PETERBOROUGH, ON, K9K-2R8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	~~GARY SIMS~~ WB Alan Cavell

To MARYCREST HOME FOR THE AGED, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 230. (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with,
i. fires,
ii. community disasters,
iii. violent outbursts,
iv. bomb threats,
v. medical emergencies,
vi. chemical spills,
vii. situations involving a missing resident, and
viii. loss of one or more essential services.
2. Evacuation of the home, including a system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency.
3. Resources, supplies and equipment vital for the emergency response being set aside and readily available at the home.
4. Identification of the community agencies, partner facilities and resources that will be involved in responding to the emergency. O. Reg. 79/10, s. 230 (4).

Order / Ordre :

The licensee will ensure that the emergency plans for the home include written plans that deal with the loss of essential services including, but not limited to, door security systems and the resident staff communication and response system.

Grounds / Motifs :

1. O.Reg. 79/10, s. 230. (2) requires that emergency plans for the home are in writing.

During an inspection conducted on December 05 and 06, 2012, written emergency plans for the home were reviewed. Binders labelled "Emergency

Preparedness Manual Revised and Printed 2009/2010" and "Manager on Call" were identified by staff as the current plans in place. It was confirmed with staff that the emergency plans provided had not been evaluated and updated annually, as required by O.Reg. 79/10, s. 230. (6).

The emergency plans for the home do not provide for the loss of essential services including the resident staff communication and response system and integrated door alarming system; the door access control and door locking systems. The Code Red fire plan identifies a plan to "monitor the exits at stairwell numbers 6, 7, and 8 to ensure residents do not exit the facility" when magnetic door locks disengage due to a fire alarm.

Critical Incident Report (CIR) # 2935-000061-12 identifies that on November 28, 2012, during generator testing "the mag lock system stopped working resulting in possible elopement of residents". The magnetic door locks were non operational between 9am and 4pm. It was identified on the CIR that "all doors leading out of the facility were monitored by staff to prevent the residents from leaving the facility through fire exits."

CIR # 2935-000062-12 identifies that on the same date November, 2012 "Elopement/injury to resident during critical incident of loss of essential services" occurred. The description of the incident states "During the repair of the mag lock it triggered the fire alarm causing the fire doors to shut on the unit. The staff member monitoring the door was on the other side of the fire door other residents were attempting to leave the secure unit and she was redirecting them. The resident managed to get through the fire escape door to the stairwell and proceeded to leave the facility." It was further noted on the CIR that the resident's wheelchair was found in a stairwell in an upright position on a lower level. The resident had sustained injuries that did not require hospitalization.

On November 28, 2012, written emergency plans dealing with the loss of essential services were not in place for staff to follow when the magnetic door locking system failed. The above noted CIRs identify that staff were monitoring doors; however, a resident was injured during an elopement through an unlocked, accessible stairway door on November 28, 2012.

The safety, comfort and well being of residents is at risk as written plans are not in place for staff to follow for the loss of essential services including the loss of

safety and security systems.

(102)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 01, 2013

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee will ensure that the home is a safe and secure environment for its residents:
1. A training program is to be developed, implemented and provided to all staff of the home regarding door security systems in place at the home; the risks posed by unlocked resident accessible doors leading to stairways, to areas outside of the home and to non residential areas;and responding to door alarms;
2. The resident staff communication and response system is to be reprogrammed so that pagers carried by staff clearly and immediately indicate where an activated signal is coming from for all resident accessible doors leading to stairways and to non secure areas outside of the home, including the main entrance door to the home.
3. Emergency plans for the home are to be evaluated and updated to include policies and procedures related to door safety systems.

Grounds / Motifs :

1. O.Reg. 79/10, s. 9.(1)1.iii. identifies that all resident accessible doors leading to stairways and doors leading to non secure areas outside of the home are to be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and, A. is connected to the resident-staff communication and response system. In St Joseph's at Fleming Long Term Care home, the door alarm system is connected to the resident staff communication and response system.

O.Reg. 79/10, s. 17. (1) identifies requirements for the resident staff communication and response system including that the resident-staff communication and response system (a) can be easily seen, accessed and

used by residents, staff and visitors at all times; and (f) clearly indicates when activated where the signal is coming from.

Door alarms, when activated on the resident staff communication and response system at the home, display immediately in a coded format on an Austco LED display marquis that is located in the vicinity of the nursing station in the resident home area (RHA). An intermittent tone is also emitted from the marquis when calls are active on the system. The system's audible tone is not set up or calibrated to be audible to staff in the coverage area within each RHA as pagers carried by non registered nursing staff are the primary means to alert staff when calls are active on the system. Alerts that are not cancelled at the point of activation after a set period of time are relayed to a phone carried by the charge nurse in the RHA.

Staff of the home identified that the programming of the communication and response system for door alerts was changed on an unspecified date following the licensing and approval for occupancy of the current home.The programming for the door alerts to the pagers was changed from an immediate alert to the current 6 minute delay in sending the alert to the pagers. There are no audible alarms at the doors that sound when a door has been opened. Staff are not able to quickly identify that a door alarm has been activated on the communication and response system unless in direct view of the marquis display and the posted placard that provides a legend for the codes displayed for the doors or unless directly viewing a colored led light that is on the keypad at each door. Pagers, once activated, emit an audible tone or vibrate and clearly display the location of doors that are in alert. It was also identified during the inspection that the main entrance door to the home does not activate on any staff pagers. It alerts only on the marquis display in the Hilltop RHA.

Response times for cancelling door alarms at the point of activation are monitored by computer:
-Documentation provided for November 28, 2012 during the time frame that the magnetic door locks were not operational between 9 am and 4 pm, identifies that one resident accessible stairway door in a "secure" RHA for remained active on the system in an alert mode for 42 minutes, and then again for 30 minutes before being cancelled; -On May 20, 2012, a stairway door within a "secure" RHA remained in alert mode for 13 minutes, then again for 6 minutes. Both alerts were following a fire alarm when magnetic door locks disengaged.

-CIR # 2935-000062-12 identifies that on a date in November, 2012 "Elopement/injury to resident during critical incident of loss of essential services" occurred. The description of the incident states "During the repair of the mag lock it triggered the fire alarm causing the fire doors to shut on the unit. The staff member monitoring the door was on the other side of the fire door other residents were attempting to leave the secure unit and she was redirecting them. The resident managed to get through the fire escape door to the stairwell and proceeded to leave the facility." It was further noted on the CIR that the resident's wheelchair was found in a stairwell in an upright position on a lower level. The resident had sustained injuries that did not require hospitalization.

In the above noted CIR, the unlocked stairway door opened by the resident was no longer visible to the staff member who had been assigned to monitor several exit doors, due to corridor separation doors that closed due to a fire alarm. The staff member's pager would not have activated that the stairway door had been opened by the resident due to the 6 minute delay that had been programmed into the system for door alerts. The resident got into the stairway with his wheelchair, which was found at the bottom of the stairs. The injured resident left the building through an exit door out of the stairway.

The door alarm system that is connected to the resident staff communication and response system is currently programmed so that it does not clearly indicate, upon activation, where the signal for doors is coming from; and can not be easily seen and accessed by staff, which is a risk to the safety and well being of residents throughout the home.

Critical Incident Report (CIR) # 2935-000027-12 identifies that on May 20, 2012 the fire alarm sounded and magnetic door locks released during the alarm. A resident of the secure unit was later found outside of the building, described as an unwitnessed elopement.

Critical Incident Report (CIR) # 2935-000061-12 identifies that on November 28, 2012, during generator testing "the mag lock system stopped working resulting in possible elopement of residents". The magnetic door locks were non operational between 9am and 4pm. It was identified on the CIR that "all doors leading out of the facility were monitored by staff to prevent the residents from leaving the facility through fire exits."

Emergency plans for the home were reviewed at the time of inspection on December 05 and 06, 2012. The emergency plans, including the Code Red fire plan, do not identify a plan for the monitoring of doors throughout the home when the magnetic locking system disengages which is a potential risk to the safety and well being of residents.

Staff not responding to door alarms is a potential risk to the safety and well being of residents, especially those at risk of elopement and falls in stairways.

(102)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 25, 2013

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

and the Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 20th day of December, 2012

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : WENDY BERRY

Service Area Office / Bureau régional de services : Ottawa Service Area Office